

## Defective Drywall: Virginia Homeowner Information Sheet

1. Last Name:	First Name:	Middle Initial:
2. Home Telephone:	Work Telephone:	Cell:
3. Home Address (home with defective Chinese drywall): Street: _____ City: _____ State: _____ Zip: _____		
4. Current Address (if different from # 3) Street: _____ City: _____ State: _____ Zip: _____		
5. Date on which you moved into your home with defective Chinese drywall:		

6. What is the name of the contractor who constructed your home? If you know, what is the name of your contractor's drywall subcontractor?

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7. Please describe any health issues you or other family members have experienced which you believe relate to having defective Chinese Drywall installed in your home:

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8. If you are not currently living in the home with defective Chinese drywall, and if you own the home with defective Chinese drywall, please answer the following questions:

a. What date did you move out of your home? \_\_\_\_\_

b. Did you receive a forbearance, mortgage loan modification or other relief from your mortgage lender or servicer? If so, please describe briefly the terms of the relief provided. \_\_\_\_\_  
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c. What is your current living situation (e.g., are you renting?/did you purchase another home?)? Please describe. \_\_\_\_\_  
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9. Is there any other information relating to this situation that you would like to share? If so, please describe. \_\_\_\_\_  
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**PLEASE RETURN COMPLETED FORM TO FOLLOWING ADDRESS:**

**Office of Attorney General  
Antitrust and Consumer Litigation Section  
900 East Main Street  
Richmond, Virginia 23219  
Attn: AAG Mark S. Kubiak**